

ARKANSAS CLIENT SECURITY FUND
APPLICATION FOR RELIEF AND SUPPORTING AFFIDAVIT

Please check appropriate boxes
and fill in the blanks.

1. My full name is _____ . My address is _____
_____. I am am not married. My spouse's name is _____
_____.

2. I am applying for monetary relief in the amount of \$ _____ which represents my loss as a result of
dishonest conduct on the part of _____
(Name of Attorney) (Address)
a member of the Bar of Arkansas.

3. The dishonest conduct occurred on or about _____; the loss occurred or accrued on or about _____;
(Date) (Date)
and the loss was discovered on or about _____.
(Date)

4. I was was not at the time the loss occurred, or at the time it was discovered, spouse, child, parent, grand-
parent, sibling, partner, associate, or employee of said attorney.

5. (Check the appropriate box and fill in the blanks, if applicable).

The dishonest conduct was not covered by any insurance, indemnity or bond, or any other source.

The dishonest conduct was covered, and the name and address of the insurance company is _____
_____.
The extent of such coverage is \$ _____, and the amount of payment is to date is _____.

6. (Check the appropriate box and fill in the blanks, if applicable.)

As a result of this dishonest conduct, said attorney was disbarred on _____, or suspended on _____
(date) (date)
or resigned on _____ from the State Bar of Arkansas.
(date)

Said attorney died on _____ before legal and/or disciplinary action against said attorney was completed.
(date of death)

Civil, criminal, or disciplinary proceedings are in progress as will be set out in the attached affidavit.

No civil, criminal, or disciplinary action has been pursued.

I do not know whether any civil, criminal, or disciplinary action has been pursued.

7. (Check the appropriate box and fill in the blanks, if applicable.)

_____ is the attorney assisting me with this application.
(name of attorney) (address)

No attorney is assisting me with this application.

8. The attached Supporting Affidavit will more fully set out the facts supporting this application.

9. This application and supporting affidavit are executed and filed to induce the State Bar of Arkansas to process and investigate it and in its sole discretion to consider making payment from the Client Security Fund toward indemnification of any loss I show I have incurred.

10. I understand that in establishing the Client Security Fund, the State Bar of Arkansas did not create, nor acknowledge any legal responsibility for the negligence or other acts of individual attorneys in their practice of law. I further understand that all reimbursements of losses from the Client Security Fund shall be a matter of grace in the sole discretion of the Committee administering the Fund and not as a matter of right. I understand that no client or member of the public shall have any right to the Client Security Fund as a third party beneficiary or otherwise.

11. I understand that the following losses shall not be reimbursable: (a) Losses incurred by spouses, children, parents, grandparents, siblings, partners, associates, and employees of attorney(s) causing the losses; (b) Losses covered by any bond, surety agreement, or insurance contract to the extent covered thereby, including any loss to which any bonding agent, surety, or insurer is subrogated, to the extent of that subrogated interest; (c) Losses incurred by any financial institution which are recoverable under a "banker's blanket bond" or similar commonly available insurance or surety contract; (d) Losses incurred by any business entity controlled by the attorney, any person or entity described in (a), (b), (c) hereof; (e) Losses incurred by any governmental entity or agency.

12. I understand that payment shall be made from the Fund only upon condition that the Fund receive a pro-tanto assignment from me for such payment of my rights against the attorney involved, his personal representatives, and his estate and assigns, on condition that the Fund shall be entitled to reimbursement on such terms as the Committee may deem proper under the circumstances. I understand that any sums collected by reason of such subrogation shall be the sole benefit of the Fund and applied thereto.

Signature of Applicant

Date

SUPPORTING AFFIDAVIT

I, _____ am the affiant in this application for relief before the Arkansas Client Security
(name)

Fund and submit the following affidavit in support thereof:

1. On or about _____, I retained _____
(date) (name of attorney) (address)
_____, to represent me in a matter involving _____
(type of case(s))
_____.

2. a. During the course of this representation, said attorney engaged in dishonest conduct which resulted in my loss, as follows: (Attach copies of relevant documents.)

b. As a result of the dishonest conduct described above, I incurred monetary loss in the amount of \$_____. (Attach copies of relevant documents.)

3. The following arrangements were made for payment of fees to said attorney for the services to be provided as described above.

4. To this point I have paid the attorney \$_____. This amount represents \$_____ for the attorney's services and/or \$_____ for costs thus far incurred and paid in this matter.

5. I made demand on said attorney for reimbursement on _____
(date)

6. I have been reimbursed in the amount of \$_____ by _____
(party who made payment)
on _____
(date)

7. I have made the following efforts to collect the claim:

8. I have pursued legal and/or disciplinary action against said attorney as follows:

In consideration of the foregoing, I agree to cooperate in the investigation of this claim and also in any related disciplinary proceedings against said attorney in question; and, as a condition precedent to any payment from said Fund, I agree to execute and deliver to the State Bar of Arkansas such instrument or instruments as may be required, or furnish additional information requested by the Committee.

(Signature of Affiant)

(Date)

STATE OF ARKANSAS)
) ss.
COUNTY OF _____)

I, the undersigned, say: I am the Applicant in the above matter; I have read the foregoing Application for Relief and Supporting Affidavit, and know the contents thereof; and I certify that the same is true of my own knowledge, except as to the matters and things which are therein stated upon my information or belief, and that as to those matters and things I believe them to be true.

In witness whereof, I hereunto set my hand this _____ day of _____, 20____.

(Affiant)

(Type or print Affiant's Name Here)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)

My commission expires:

Mail application and affidavit to:
Arkansas Client Security Fund Committee
Clerk of the Supreme Court
Justice Building, 625 Marshall Street
Little Rock, AR 72201